

PART B - FEE(S) TRANSMITTAL

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7590

07/09/2008

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09/17/2008 RMEBRAH1 00000065 190033 10613599

01 FC:1501 1440.00 DA
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<i>Stephen B. Ackerman</i>	(Depositor's name)
<i>[Signature]</i>	(Signature)
<i>September 15, 2008</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/613,599	07/03/2003	Yubo Miao	IME03-002C	7269

TITLE OF INVENTION: SHALLOW MULTI-WELL PLASTIC CHIP FOR THERMAL MULTIPLEXING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	10/09/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
BEISNER, WILLIAM H	1797	435-288400

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. *Saile Ackerman LLC*
 2. *Stephen B. Ackerman*
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

AGENCY FOR SCIENCE, TECHNOLOGY AND RESEARCH
NATIONAL UNIVERSITY OF SINGAPORE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Singapore, Singapore
Singapore, Singapore

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number *19-0033* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Typed or printed name

Date

Registration No.

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